



# PORT SHELDON TOWNSHIP

16201 Port Sheldon Street, West Olive, MI 49460  
Telephone 616-399-6121 Fax 616-399-7173  
[www.portsheldontwp.org](http://www.portsheldontwp.org) | [info@portsheldontwp.org](mailto:info@portsheldontwp.org)

## PUD APPLICATION

Submit at least 28 days prior to desired meeting to:  
Port Sheldon Township  
16201 Port Sheldon Street, West Olive, MI 49460 616-399-6121

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address of Applicant \_\_\_\_\_

Name of Owner (if different) \_\_\_\_\_

Owner mailing address and phone number \_\_\_\_\_

Email addresses \_\_\_\_\_

Parcel number of subject property \_\_\_\_\_

Address of subject property \_\_\_\_\_

Current zone district of subject property \_\_\_\_\_

Applicants interest in property \_\_\_\_\_

Present use of site: property and or structure \_\_\_\_\_

Proposed use of site: property and or structure \_\_\_\_\_

Size of existing and or proposed structure and parcel \_\_\_\_\_

Description of existing or proposed structure \_\_\_\_\_

Describe the nature of your request \_\_\_\_\_

If there has been a previous request involving this PUD, please state the date of filing, the nature of the request and disposition of same \_\_\_\_\_

Signature of Applicant/Owner/Agent (circle one) and date

**FILING FEE \$1,500.00 (each board+)\***

\*(Plus) fees for required engineering, planning or legal fees incurred by the township to offset township expenses. Applicant billed for any additional expenses. The township Supervisor would have the option of requiring an escrow account if deemed necessary. The applicant can appeal to the township board the plus fees that could be changed or waived by majority vote.

**THIS APPLICATION MUST BE ACCOMPANIED BY A SITE PLAN.**